



# **Thrift Savings Plan**

## **Financial Hardship In-Service Withdrawal Package**

- **Form TSP-76, Financial Hardship  
In-Service Withdrawal Request**
- **Financial Hardship Worksheet**
- **Form TSP-75-T, Transfer of In-Service  
Withdrawal**
- **Important Tax Information About TSP  
In-Service Withdrawal Payments**

**May 1998**



# THRIFT SAVINGS PLAN FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL PACKAGE

## GENERAL INFORMATION

Before requesting a financial hardship in-service withdrawal, read the information and instructions in this package. You should also read the booklet *TSP In-Service Withdrawals*. It provides more detailed information about withdrawing money from your TSP account, including tax consequences, rules affecting spouses' rights, and the termination of your contributions. The booklet also explains the information and documentation you must provide to support your request for a financial hardship in-service withdrawal.

Note: If you are in pay status and are eligible for a TSP loan, you may want to consider taking a loan rather than withdrawing funds from your TSP account.

## QUALIFYING FOR A FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL

To qualify for a financial hardship withdrawal from your TSP account:

- You must be a current Federal employee. (This includes employees who are in approved nonpay status.)
- Your TSP account must contain at least \$1,000 of your own contributions and earnings on those contributions. (You cannot request to withdraw less than this.)
- You must demonstrate financial hardship for the amount you request.
- You cannot have received a financial hardship in-service withdrawal within 6 months of the time your current request is processed.
- You cannot have a pending application for an age-based in-service withdrawal or a TSP loan.

The determination of financial hardship is based on your having regular monthly expenses in excess of net income (i.e., negative cash flow), including certain **unpaid and unreimbursable** extraordinary expenses. Extraordinary expenses are limited to four types: household improvements needed for medical care, personal casualty loss, legal expenses for separation/divorce, and medical expenses. Note: You are not eligible for a financial hardship withdrawal if you are in Chapter 13 bankruptcy because the bankruptcy court has shielded you against a negative cash flow position.

When the TSP receives your application, it will determine whether you qualify for a financial hardship withdrawal and the amount for which you qualify. If the TSP determines that you qualify for a withdrawal of at least \$1,000 — but for an amount that is less than you requested — the TSP will send you the amount for which you qualify. If you do not qualify, the TSP will notify you by mail.

## TERMINATING YOUR CONTRIBUTIONS

When your financial hardship in-service withdrawal is made, the TSP will instruct your agency to terminate your employee contributions (if any) for 6 months. If you are a FERS employee, this means that any Agency Matching Contributions will also stop; however, as long as you are in pay status, you will continue to receive your Agency Automatic (1%) Contributions during this time. At the end

of this 6-month period, you can ask your agency to resume your contributions — they will **not** resume automatically.

## WHERE YOUR PAYMENT WILL BE SENT

Payment and correspondence related to your in-service withdrawal will be mailed to the address in your TSP account record. If your TSP account address is not correct, contact your agency personnel office immediately to ensure that your agency provides your correct address to the TSP. The TSP cannot use the address that you provide on your in-service withdrawal request to change your TSP account address or to mail your check.

## APPLYING FOR A FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL

This package contains:

Form TSP-76, Financial Hardship  
In-Service Withdrawal Request

Use this form to apply for a financial hardship withdrawal.

Financial Hardship Worksheet

Use the Worksheet to help determine the amount for which you qualify.

Form TSP-75-T, Transfer of  
In-Service Withdrawal

Use this form if you want to have all or part of your payment transferred to an Individual Retirement Arrangement (IRA) or other eligible retirement plan.

Important Tax Information About  
TSP In-Service Withdrawal  
Payments

Read this notice to understand the tax consequences of your withdrawal.

You must include with your Form TSP-76:

- A copy of your **current** earnings and leave statement (even if you are in nonpay status).
- Supporting documentation if your request for a withdrawal includes extraordinary expenses.

Make a copy of the completed form(s) for your records. Mail the original(s) to:

**TSP Service Office  
National Finance Center  
P.O. Box 61500  
New Orleans, LA 70161-1500**

# TSP-76 Information and Instructions

## I. INFORMATION ABOUT YOU

**1 – 8: Payment and correspondence related to your in-service withdrawal will be mailed to the address in your TSP account record.** If you have a new address, contact your agency personnel or payroll office **immediately** to ensure that your correct address is provided to the TSP.

**9:** Attach a copy of your **earnings and leave statement** and check this box. The statement must be for your **most recent pay date** at the time you send your request, and the pay date can be no more than 45 days before the date the TSP receives your Form TSP-76. You must attach your earnings and leave statement even if you are in nonpay status; the statement is required to confirm that you received no pay for this period.

## II. WITHDRAWAL REQUEST

**10:** You may withdraw only your own contributions and earnings. You may not request less than \$1,000. The maximum amount that you can withdraw depends on the amount of your documented financial hardship and the amount that is available in your account for a withdrawal.

Use the Financial Hardship Worksheet to help you calculate the amount of your financial hardship based on the information you provide in Sections VI and VII of the application (Financial Statement and Extraordinary Expenses). Complete the Worksheet before you enter an amount in **Item 10** so that you

do not request more than you have documented.

Do not submit the Worksheet with your application. The TSP will calculate the actual amount for which you qualify based on your Financial Statement, your current earnings and leave statement, your supporting documentation for any extraordinary expenses, and the value of your TSP employee contributions and attributable earnings.

If you qualify for at least \$1,000 but less than the full amount that you requested, the TSP will send you the amount for which you qualify.

## III. TAX WITHHOLDING AND TRANSFER INFORMATION

In-service withdrawal payments are considered “eligible rollover distributions” for Federal income tax purposes and, as such, are subject to mandatory 20% Federal income tax withholding. This withholding cannot be waived. However, you can request **one** of the following options:

- An increase in your withdrawal amount to cover Federal income tax withholding (if the entire withdrawal is sent directly to you),
- or
- A transfer of all or a portion of your withdrawal to an Individual Retirement Arrangement (IRA) or other eligible retirement plan to defer Federal income tax withholding on the amount transferred.

Read the tax notice included in this package. If you do not want either of these options, skip to **Item 13**.

**11:** Check this box **only if** you would like to receive — after Federal income tax withholding — the full amount of the withdrawal which you requested. The amount you withdraw from your account will then be increased to cover the Federal tax withholding on your payment. (Note: The additional amount that is withdrawn is also subject to tax withholding and any early withdrawal penalty tax.)

For example, if you check this box and the amount that you request (and for which you qualify) is

\$1,000, \$1,250 will be withdrawn from your TSP account. A check for \$1,000 will be sent directly to you, and \$250 (or 20% of \$1,250) will be withheld for Federal tax purposes. The disbursement of \$1,250 will be reported to the Internal Revenue Service (IRS).

Note: The additional withdrawal can be made only if:

- No portion of your withdrawal is being transferred to an IRA or other eligible retirement plan, and
- You have sufficient employee contributions and attributable earnings in your TSP account. If you do not, your withdrawal will be increased only to the extent that funds are available.

**12:** Check this box **only if** you want the TSP to transfer all or any portion of your in-service withdrawal to an IRA or other eligible retirement plan. You will avoid the mandatory tax withholding on any portion of your withdrawal that you transfer directly to an IRA or other eligible retirement plan. However, these funds will still be subject to taxes when you withdraw the money from the IRA or plan. If you check this box, you must also submit Form TSP-75-T, Transfer of In-Service Withdrawal, which is included in this package.



# THRIFT SAVINGS PLAN

## FINANCIAL HARDSHIP IN-SERVICE WITHDRAWAL REQUEST

**TSP-76**

**Read the instructions carefully.** In order to be eligible for a financial hardship withdrawal, you must be an active Federal employee, you must have at least \$1,000 of your own contributions and attributable earnings in your account, and you must be able to demonstrate the need for a financial hardship withdrawal. You must also provide a current earnings and leave statement and supporting documentation for any extraordinary expenses you list on this application.

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number Date of Birth (Month/Day/Year) Daytime Phone (Area Code and Number)
5. Address \_\_\_\_\_  
Street Address or Box Number
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9. ☐ Check here to indicate that you have attached a copy of your current earnings and leave statement.

### II. WITHDRAWAL REQUEST

Enter the **dollar amount** of your request **after** you have completed Section VI (Financial Statement), Section VII (Extraordinary Expenses), and the Worksheet, which will help you calculate the amount of financial hardship for which you qualify. If you are not eligible for the full amount you request, the TSP will disburse the maximum amount for which you qualify, even if it is substantially less than your request.

10. Amount of withdrawal you are requesting \$ \_\_\_\_\_  
(Must be \$1,000 or more)

### III. TAX WITHHOLDING AND TRANSFER INFORMATION

**This section is optional.** By law, the TSP must withhold 20% Federal income tax from a payment made directly to you. This mandatory withholding cannot be waived.

11. ☐ Check this box if you want to withdraw an additional amount from your account so that your payment after the mandatory 20% Federal income tax withholding is the amount you requested (or for which you qualify, if it is less than you requested). See the instructions for an example.

or

12. ☐ Check this box if you want to have the TSP transfer all or any portion of your withdrawal to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. If you check this box, you must also complete Form TSP-75-T, Transfer of In-Service Withdrawal.

**IV. and V.  
SPOUSE  
INFORMATION  
AND CONSENT**

Spouses' rights apply to all in-service withdrawal requests. If you are a married FERS employee, this means that your spouse must consent to your in-service withdrawal. If you are a married CSRS employee, the TSP must notify your spouse before your in-service withdrawal can be made.

**13 – 14: (FERS and CSRS participants)** — You must complete **Item 13**, and, if married, you must provide your spouse's name in **Item 14**. Otherwise, the TSP will not be able to process your request.

**15 – 19: (Married CSRS participants)** — Provide your spouse's address in **Items 15 – 18**. If you do not

know the whereabouts of your spouse, check **Item 19** and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

**20 – 22: (Married FERS participants)** — Your spouse must give written consent to the withdrawal by signing and dating **Items 20 and 21**. If you cannot obtain your spouse's signature because his or her whereabouts are unknown or you believe that exceptional circumstances apply, check **Item 22** and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

**VI.  
FINANCIAL  
STATEMENT**

Complete each item, rounding to the nearest dollar. If your income, deductions, or expenses for a particular item are 0, enter 0.

This form requests information about you, your spouse, and your dependents. Dependents are defined as individuals whom you can claim as dependents for Federal income tax purposes at the time you apply for the hardship withdrawal.

If you are married and not separated from your spouse, report income for both yourself and your spouse. If information cannot be assigned to yourself or your spouse individually, enter the total only. If you and your spouse are separated, report only your own income and your own household expenses.

**24: Family Size.** Family size includes you, your spouse, and your dependents. If you are separated or divorced, it includes you and your dependents **only if** your dependents are living with you. If your dependents are living elsewhere and you contribute to their support, do not include them in family size but include in **Item 43** the amount of support you pay. If children you cannot claim as dependents are living with you and you receive support for them, include them in family size and enter the amount of support you receive in **Item 34**.

**MONTHLY INCOME**

If you are in nonpay status, enter 0 in your column for **Items 25 – 33**. (The earnings and leave statement you are required to submit for your most recent pay date must confirm that you received no pay for that pay period.) If your spouse is not employed or is in nonpay status at the time you are completing the application, enter 0 in your spouse's column.

If in pay status, provide **monthly** figures. Calculate the monthly amount as described below:

**25: Monthly gross salary or wages.**

- **If you are paid biweekly (26 times a year)**, multiply the biweekly amount from your current earnings and leave statement by 26 and divide by 12.
- **If you are paid weekly (52 times a year)**, multiply the weekly amount from your current earnings and leave statement by 52 and divide by 12.
- **If you are paid semimonthly (24 times a year)**, add the amounts from your last two earnings and leave statements.

- **If you are paid monthly (12 times a year)**, use the amount shown on your current earnings and leave statement.

**Deductions from Income**

Calculate monthly deductions as shown in **Item 25**.

**26 – 28: Monthly Federal, state, and local income tax withholding.** Enter the amount of monthly tax withholding for each.

**29: Monthly OASDI (Social Security)/Medicare.** If you or your spouse have more than one job, include the monthly OASDI (Social Security)/Medicare deduction associated with all wages and salary.

**30: Monthly Federal retirement deduction (FERS/CSRS).** Enter the monthly amount withheld for the FERS Basic Annuity or for the CSRS annuity.

**31: Monthly TSP contributions (spouse only).** Enter only your spouse's monthly contributions to the TSP. Do not include your own.

**32: Other monthly retirement plan deductions.** Enter monthly deductions for retirement plans of any non-Federal jobs. Do not include contributions to an IRA.

**33: Total deductions.** Add all the entries in the Total column for **Items 26 – 32**.

**Additions to Income**

Calculate monthly additions as shown in **Item 25**.

**34: Monthly alimony, maintenance, and/or child support.** Enter the amount received each month. If payments are irregular, enter the average of the last 3 months.

**35: Other monthly income.** Enter other income, including royalties and net income from real estate investments and a family business (i.e., monthly cash income minus monthly cash outlays). If net income is negative, enter a minus sign and subtract it when you total the additions to your income in **Item 36**.

**36: Total additions to income.** Add **Item 34** and **Item 35**.

**37: TOTAL NET MONTHLY INCOME.** Subtract the amount of **Item 33** from the amount of **Item 25** and add **Item 36**.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**IV.  
SPOUSE  
INFORMATION**

13. Are you married (even if separated from your spouse)?  
☐ Yes (Complete this section.) ☐ No (Skip to Section VI.)
14. Spouse's Name \_\_\_\_\_  
Last First Middle
15. Spouse's Address \_\_\_\_\_  
Street Address or Box Number (If same as yours, write "SAME.")
16. City \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_  
State/Country Zip Code
19. ☐ Check here if you do not know your spouse's address. (See instructions.)

**V.  
SPOUSE'S  
CONSENT**

Married FERS  
participants only

- If you are covered by FERS and you are married, your spouse must give consent before you can make a financial hardship in-service withdrawal.
- Spouse's Consent: By signing below, I give my consent to this financial hardship in-service withdrawal from my spouse's Thrift Savings Plan account.
20. \_\_\_\_\_ 21. \_\_\_\_\_  
Spouse's Signature Date Signed
22. ☐ Check here if you cannot obtain your spouse's signature. (See instructions.)

**VI.  
FINANCIAL  
STATEMENT**

Please read the  
instructions carefully  
before completing  
this section.

23. a. Are you paid biweekly (every two weeks, 26 times a year)?  
☐ Yes ☐ No
- b. If no, check the box that indicates when you are paid.  
☐ Semimonthly (twice a month, 24 times a year) ☐ Monthly (12 times a year) ☐ Weekly (52 times a year)
24. FAMILY SIZE as defined in the instructions \_\_\_\_\_

**MONTHLY INCOME**

25. Monthly gross salary or wages \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

**Deductions from Income**

26. Monthly Federal income tax withholding \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

27. Monthly state income tax withholding \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

28. Monthly local income tax withholding \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

29. Monthly OASDI (Social Security)/Medicare \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

30. Monthly Federal retirement deduction (FERS/CSRS) \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

31. Monthly TSP contributions (spouse only) \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

32. Other monthly retirement plan deductions \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

33. Total deductions from income (Add Items 26 – 32) \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

**Additions to Income**

34. Monthly alimony, maintenance, and/or child support \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

35. Other monthly income as defined in the instructions \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

36. Total additions to income (Add Items 34 – 35) \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00

37. TOTAL NET MONTHLY INCOME \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ .00  
(Item 25 minus Item 33 plus Item 36)

Detach here

**VI.  
FINANCIAL  
STATEMENT  
(continued)****MONTHLY SCHEDULED  
HOUSEHOLD EXPENSES****38: Monthly household rent/mortgage payment.**

Enter your monthly rent or mortgage payment for your primary residence. If your payment includes real estate taxes and homeowner's insurance, include them here and enter 0 in **Items 39 and 40**. If additional mortgages are outstanding on your residence, or if you are in pay status and have an outstanding TSP residential loan, also include those payments.

**39: Monthly household real estate tax.** If you pay your real estate tax separately from your mortgage payment, enter an amount representing one month's real estate tax for your primary residence.

**40: Monthly household homeowner's insurance.** If paid separately from your rent or mortgage, enter the monthly insurance amount for your primary residence.

**41: Monthly household utilities.** Enter your total monthly payments for utilities (e.g., gas, electric, phone, water). Do not list items included in your rent. (If your monthly utility bills vary substantially, use your average monthly bills over 12 months.)

**42: Monthly household dependent care.** Enter the amount you pay each month for care for a dependent child, or for your spouse or another dependent adult who cannot be left alone while other adults are at work. Include household help needed due to illness or injury.

**43: Monthly expense for alimony, maintenance, and/or child support.** Enter the amount you pay each month.

**44: Monthly installment loan payments.** Enter name of lender and payment amount for loans with set monthly payments **only** (e.g., automobile loans, unsecured bank loans, or schedule of payments for back taxes owed). Do not include past due payments. **Do not include payments for TSP loans. Do not include payments for credit card purchases, charge accounts, or interest charges on them.** (We take credit card payments and other recurring expenses into account as a function of your monthly income and family size.) Do not include payments for the monthly scheduled household expenses listed in **Items 38 – 43**.

**45: TOTAL MONTHLY SCHEDULED HOUSEHOLD EXPENSES.** Add all the entries in **Items 38 – 44**.

**VII.  
EXTRA-  
ORDINARY  
EXPENSES**

Extraordinary expenses must be **unpaid and unreimbursable** (by insurance or otherwise). Only the four types of expenses described below are allowed. You **must** submit supporting documentation that you have incurred (but not paid) the specific expense, or will incur it within the next 6 months. For incurred expenses, provide a copy of a bill on the service provider's letterhead, itemizing the expenses. For expenses to be incurred, provide an itemized cost estimate on the service provider's letterhead and a statement signed by you indicating the amount of those expenses to be incurred within the next 6 months. Supporting documentation must be dated no more than 45 days before the date the TSP receives your Form TSP-76.

You must read the booklet *TSP In-Service Withdrawals* for documentation requirements and examples.

**Failure to submit adequate supporting documentation may result in a withdrawal of a smaller amount than you requested.**

**46: Costs of household improvements needed for medical care** — Limited to costs that are eligible for deduction on your Federal income tax return, but without the IRS limits on income or fair market value. Examples are changes to your living quarters or installation of special equipment required because of illness or injury. The improvements may be required

for you, your spouse, or your dependent (i.e., an individual you can claim as a dependent for Federal income tax purposes at this time).

**47: Expenses due to personal casualty loss** — Limited to costs of repair and replacement associated with losses that are eligible for deduction on your Federal income tax return, but without the IRS limits on income or fair market value (e.g., sudden property loss resulting from damage or destruction by fire, storm, or other casualty, or due to theft).

**48: Legal costs** associated with your separation or divorce — Limited to attorney fees and court costs, **not** alimony or child support payments or settlements you must pay your former spouse.

**49: Medical expenses** — May be incurred by you, your spouse, or your dependents (i.e., individuals you can claim as dependents for Federal income tax purposes at the time you request the withdrawal). Generally, includes expenses that are eligible for deduction on your Federal income tax return, but without the IRS income limits. This includes physician and hospital services and prescription drugs; it does **not** include medical or dental insurance premiums or costs covered under **Item 46**.

**50: TOTAL EXTRAORDINARY EXPENSES.** Add **Items 46 – 49**.

**VIII.  
YOUR  
ACKNOWLEDGE-  
MENT AND  
CERTIFICATION**

Read the acknowledgement and certification carefully. By signing this section you are:

- Acknowledging that your employee contributions, if any (and any matching contributions, if you are a FERS employee), will be **terminated for 6 months** after your withdrawal has been paid.
- Certifying you are not in Chapter 13 bankruptcy.

- Permitting the TSP to contact individuals or institutions shown on this form or in supporting documentation to confirm amounts listed.
- Waiving the 30-day tax notification period that the TSP is required to provide you so that you can consider the tax information.

Name:

Social Security Number:

**VI.  
FINANCIAL  
STATEMENT  
(continued)**
**MONTHLY SCHEDULED HOUSEHOLD EXPENSES**

38. Monthly household rent or mortgage payment .00
39. Monthly household real estate tax *(if paid separately from mortgage)* .00
40. Monthly household homeowner's insurance *(if paid separately from mortgage)* .00
41. Monthly household utilities *(if paid separately from rent)* .00
42. Monthly household dependent care *(including household help due to illness or injury)* .00
43. Monthly expense for alimony, maintenance, and/or child support .00
44. Monthly installment loan payments *(not including credit card payments)*  
List lenders' names:
- \_\_\_\_\_ .00
- \_\_\_\_\_ .00
- \_\_\_\_\_ .00
- \_\_\_\_\_ .00
- \_\_\_\_\_ .00
45. TOTAL MONTHLY SCHEDULED HOUSEHOLD EXPENSES *(Add Items 38 – 44)* .00

**VII.  
EXTRAORDINARY  
EXPENSES**

Extraordinary expenses are limited to the four types shown in Items 46 – 49, as defined in the instructions. You **must** enclose supporting documentation for the amounts you indicate in this section. (See the booklet *TSP In-Service Withdrawals*.) Show only expenses that are **unpaid and unreimbursable** by insurance or otherwise.

46. Costs of household improvements needed for medical care .00
47. Expenses resulting from personal casualty loss .00
48. Legal expenses for separation/divorce (does not include court-ordered payments to a spouse or former spouse or child support payments) .00
49. Medical expenses .00
50. TOTAL EXTRAORDINARY EXPENSES *(Add Items 46 – 49)* .00

**VIII.  
YOUR  
ACKNOWLEDGE-  
MENT AND  
CERTIFICATION**

The TSP will notify your agency that your employee contributions, if any, must be terminated after your withdrawal is paid. If you are a FERS employee, this means that Agency Matching Contributions will also stop. You may ask your agency to resume your contributions after 6 months.

The TSP may contact individuals or institutions shown on this form or in supporting documentation to confirm any amounts listed.

I agree to these conditions for a financial hardship withdrawal. I certify that I am not in Chapter 13 bankruptcy and that the information I have provided in this withdrawal request and supporting documentation is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

51. \_\_\_\_\_  
Participant's Signature

52. \_\_\_\_\_  
Date Signed

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your in-service withdrawal request. This information may also be shared with other Federal agencies to administer your account or for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or

criminal law or with other agencies for the purpose of implementing a statute, rule, or order. It may also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate. It may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process your request.



# Financial Hardship Worksheet

Complete this Worksheet to calculate the amount of your financial hardship. Refer to the Financial Statement and the Extraordinary Expenses sections (VI and VII) of your Form TSP-76 for the **numbered items** in this Worksheet. The TSP will calculate the actual amount of the hardship withdrawal for which you qualify based on the information you provided in Sections VI and VII (including the supporting documentation), your earnings and leave statement, and the value of your TSP employee contributions and attributable earnings.



## TO DETERMINE YOUR HARDSHIP AMOUNT DUE TO NEGATIVE CASH FLOW:

**A. Total monthly income:** Complete calculation **I or II** below depending on your current pay status to determine ordinary monthly household expenses. For those in nonpay status, even though your current actual pay may be \$0, you must use your annual salary of record for the calculation.

### I. If in Nonpay Status:

1. Annual salary of record from most recent earnings and leave statement \_\_\_\_\_
2. Divide Line 1 by 12 months \_\_\_\_\_
3. Item 25 \_\_\_\_\_
4. Item 36 \_\_\_\_\_
5. Add Lines 2, 3, and 4; enter result on Line A. \_\_\_\_\_

### II. If in Pay Status:

1. Item 25 \_\_\_\_\_
2. Item 36 \_\_\_\_\_
3. Add Lines 1 and 2; enter result on Line A. \_\_\_\_\_

A

### B. Allowance for ordinary monthly household expenses:

This covers ordinary monthly recurring expenses (e.g., food, clothing, household operations, entertainment, education, health insurance premiums, miscellaneous expenses), including expenses frequently charged to credit cards. The allowance is based on your monthly income and family size. Using the table, find the factor for your total monthly income (**Line A**) and your family size (**Item 24** of your Financial Statement). Enter that factor and multiply it by the amount of your total monthly income (**Line A**). Round to the nearest whole dollar.

#### Total Monthly Income

#### 1 or 2

#### Family Size

#### 3 or 4

#### 5 or more

Less than \$1,250	.85	.90	.90
\$1,250 – 1,666	.70	.80	.80
\$1,667 – 2,499	.60	.65	.70
\$2,500 – 3,332	.50	.55	.60
\$3,333 – 4,166	.40	.50	.50
\$4,167 – 5,832	.40	.45	.50
\$5,833 or more	.30	.35	.40

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Factor Line A B

### C. Total monthly scheduled household expenses: Item 45.

C

### D. Total monthly household expenses: Line B plus Line C.

B + C = D

### E. Total net monthly income: Item 37.

E

### F. Amount by which your household expenses exceed your net monthly income: Line D minus Line E (if Line D is less than Line E, enter 0).

D – E = F

### G. Hardship amount due to negative cash flow: Line F times 6 months.

\_\_\_\_\_ x 6 = \_\_\_\_\_  
Line F G



## TO DETERMINE YOUR HARDSHIP AMOUNT DUE TO EXTRAORDINARY EXPENSES:

### H. Amount by which your net monthly income exceeds your household expenses: Line E minus Line D (if Line E is less than Line D, enter 0).

E – D = H

### I. Positive cash flow available for extraordinary expenses: Line H times 6 months.

\_\_\_\_\_ x 6 = \_\_\_\_\_  
Line H I

### J. Extraordinary expenses: Item 50.

J

### K. Hardship amount due to extraordinary expenses: Line J minus Line I (if Line J is less than Line I, enter 0).

J – I = K



## TO CALCULATE YOUR TOTAL HARDSHIP AMOUNT:

### L. Hardship amount due to negative cash flow: Line G.

G = L

### M. Hardship amount due to extraordinary expenses: Line K.

K = M

### N. Line L plus Line M. The amount of your withdrawal request in Item 10 should not exceed this amount. If this amount is less than \$1,000, you do not qualify for a hardship withdrawal.

Detach here